

2/15/2017

W 91729

**FILED EFFECTIVE**

No. <b>W 91729</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 06/17/2014</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address: Correct in this box if needed.</b> ALTA PROJECT SERVICES, LLC MATTHEW R HAMMOND <del>77 W 600 N</del> <del>BLACKFOOT ID 83221 USA</del> Jeremy Westwood 170 N. Holmes Idaho Falls, ID 83401		<del>MATTHEW R HAMMOND</del> <del>77 W 600 N</del> <del>BLACKFOOT ID 83221</del> Sandy Colbath 131 N. 4600 E Rigby, ID 83442																																			
<b>REINSTATEMENT FEE DUE: \$30.00</b>			<b>3. New Registered Agent Signature.</b> <i>Scolbath</i>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jeremy Westwood</td> <td>2644 Legends Cir</td> <td>Idaho Falls</td> <td>ID</td> <td></td> <td>83401</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jeremy Westwood	2644 Legends Cir	Idaho Falls	ID		83401	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jeremy Westwood	2644 Legends Cir	Idaho Falls	ID		83401																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
<b>5. Organized Under the Laws of:</b>  <b>IDAHO</b> <b>W 91729</b>	<b>6.</b> Signature: <i>[Signature]</i> Name (type or print): <u>Jeremy J. Westwood</u> Date: <u>2-15-17</u> Title: <u>Member</u>																																					
Issued 02/15/2017 by online																																						